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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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FEB 14 1972

Operator Bill Jones Oil Company		D. C. B. ARTESIA, OFFICE	
Address Box 2606, Odessa, Texas 79760			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:	from Admiral Crude Oil Corp.	
Recompletion	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of ownership give name and address of previous owner			

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hes Federal	Well No. 6	Pool Name, including Formation High Lonesome Queen	Kind of Lease State, Federal or Fee Federal	Lease No. 046119A
Operator				
Unit Number: I 1980 Feet From The South Line and 660 Feet From The East				
Line of Section 17 Township 16S Range 29E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Scurlock Oil Company	1216 Vaughn Bldg., Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
No market				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range
	N	17	16S	29E
Is gas actually connected?		When		

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res ^{fv}	Diff. Res ^{fv}
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Excavations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Art. Paul McLeod
President

(Signature)

(Title)

2-9-72

(Date)

OIL CONSERVATION COMMISSION

FEB 14 1972

APPROVED _____, 19

BY *W. A. Gressett*

TITLE *OIL AND GAS INSPECTOR*

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.